

**THIS MDR TRACKING NO. WAS REMANDED.
THE AMENDED MDR TRACKING NO. IS: M4-04-0955-02**

MDR Tracking Number: M4-04-0955-01

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Division regarding a medical fee dispute between the requestor and the respondent named above. This dispute was received on September 19, 2003.

I. DISPUTE

Whether there should be reimbursement for out-of-pocket expenses for prescription medications for dates of service 02/17/03 through 09/19/03.

II. RATIONALE

EOBs were not submitted by either party. The respondent did not submit a response to the initial TWCC-60 nor the additional information submitted by the requestor. Therefore, the dispute will be reviewed according to Texas Workers' Compensation Commission Pharmaceutical Benefits Rules.

Per Rule 134.502(f) the treating doctor submitted a letter of medical necessity for the requestors use of Naproxen, 500mg, Hydrocodone, 7.5/500 mg., Lortab, Ultram, 50 mg., Ambien, 20 mg., and Lorazepam, 1 mg. Per Rule 134.504 (a-c) reimbursement for out-of-pocket expenses in the amount of \$737.09 is recommended.

IV. DECISION & ORDER

Based upon the review of the disputed healthcare services within this request, the Division has determined that the requestor is entitled to reimbursement for out-of-pocket expenses for prescription medications in the amount of \$737.09. Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Division hereby ORDERS the Respondent to remit \$737.09 to the Requestor within 20 days receipt of this Order.

The above Findings, Decision and Order are hereby issued this 12th day of March 2004.

Marguerite Foster
Medical Dispute Resolution Officer
Medical Review Division

MF/mf